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SUAAHARA
Building Strong & Smart Families

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Annual Report, August 1, 2012 – July 31, 2013

Submitted by Save the Children

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LIST OF ABBREVIATIONS/ ACRONYMS

CAC	Community Action Center
CB-IMCI	Community Based-Integrated Management of Childhood Illness
CBO	Community Based Organization
CHD	Child Health Division
CLTS	Community-Led Total Sanitation
DDC	District Development Committee
DHO	District Health Office
D-WASH CC	District Water Sanitation and Hygiene Coordination Committee
DQA	Data Quality Assurance
EHA	Essential Hygiene Action
ENA	Essential Nutrition Action
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FP	Family Planning
GESI	Gender Equity and Social Inclusion
GPM	Gender Policy Measurement
HFOMC	Health Facility Operation and Management Committee
HFP	Homestead Food Production
HTSP	Healthy Timing and Spacing of Pregnancy
IFPRI	International Food Policy Research Institute
INP	Integrated Nutrition Package
IYCF	Infant and Young Child Feeding
LQAS	Lot Quality Assurance Sampling
MIYCF	Maternal Infant and Young Child Feeding
MNCH-N	Maternal Newborn Child Health Nutrition
MOAD	Ministry Of Agriculture Development
MOFALD	Ministry Of Federal Affairs and Local Development
M&E	Monitoring & Evaluation
NGO	Non-governmental Organization
NHTC	National Health Training Center
ODF	Open Defecation Free
PDQ	Partnership Defined Quality
POU	Point-of-Use

SBCC	Social Behavior Change Communication
TOT	Training of Trainers
VDC	Village Development Committee
VLT	Village Level Training
VMF	Village Model Farmer
V-WASH CC	VDC Water Sanitation and Hygiene Coordination Committee
WASH	Water Sanitation and Hygiene

EXECUTIVE SUMMARY

During year two, Suaahara made significant progress in all four intermediate results. During the first six months of year two, Suaahara emphasized orienting key national, district and community level staff, including those from local non-governmental organization (NGO) partners and key stakeholders. Early advocacy efforts at the national and district levels on integrated nutrition approaches and capacity-building of stakeholders at the district and village development committee (VDC) level served as a necessary foundation for scaling of program activities throughout all 20 districts. Suaahara used the baseline survey and formative research to inform programmatic design for year two, with the intention of maximizing exposure of program inputs and messages to 1,000 days households.

Key Achievements during Year 2

262,567 1,000 days women and decision makers reached

16,530 FCHVs and social volunteers trained in INP

2,584 home visits conducted to thousand days households

20 VDCs declared open defecation free zones

1,701 VDC Water, Sanitation and Hygiene Coordinating Committee members trained on hygiene and sanitation and program management

1,203 individuals participating in partnership defined quality sessions

192,525 beneficiaries with access to home or community gardens

61,644 mothers group members and their household members trained in homestead food production

Suaahara, in close coordination with the Child Health Division, rolled out the integrated nutrition program throughout all 20 project districts. Trained FCHVs completed ward level interactions with 1,000 days women and decision makers on Suaahara-promoted behaviors in 5 districts (Baglung, Lamjung, Myagdi, Mustang and Syangja); ward level interactions are ongoing in 15 districts.

Suaahara organized workshops with district water, sanitation and hygiene coordination committees in 20 program districts to identify 250 hygiene and sanitation promotion VDCs, including 68 potential open defecation free VDCs. Activities promoting good water, sanitation and hygiene behaviors were held in all Suaahara VDCs, with 20 Suaahara-supported VDCs declaring to be open defecation free zones.

Health services promotion startup meetings were completed in 20 districts to orient 496 district stakeholders on revised HSP activities. Suaahara worked closely with different Department of Health Services divisions to develop training materials. Suaahara trained 211 district level partnership defined quality (PDQ) trainers who went on to implement the PDQ process in 39 health facilities to 1,203 individuals. Another 22 master trainers and 112 health workers were trained on family planning/healthy timing and spacing in five districts. Suaahara conducted training on the maternal newborn child health and nutrition quality improvement tool for health workers, and the tool is currently being used in 15 health facilities of Dolakha. Suaahara gave significant importance to guaranteeing compliance with US population policies.

Suaahara initiated a homestead food production intervention in nine districts. Activities focused on raising awareness and capacity on homestead food production at the district level and providing seed and poultry inputs to 1,000 days households. Altogether 15,000 dry season and 41,000 rainy season composite seed packets of vegetables were distributed to 41,000 households. Suaahara also procured and distributed 47,695 eight-week brooded chicks of improved breeds to 9,539 households (5 chicks per household), developed a vaccination strategy in coordination and consultation with national stakeholders, including the Department of Livestock Services and Ministry of Agriculture Development,

and took precautionary measures against avian influenza. Suaahara also began piloting solar drying techniques in select VDCs of upper Mustang and Manang to improve preservation practices for consumption during winter months.

Suaahara continued its support to strengthening coordination at the national, regional and district levels on issues related to nutrition. Suaahara is supporting the implementation of the Multi-sector Nutrition Plan in Nawalparasi and Bajura districts in close partnership with the National Planning Commission and UNICEF. At the regional level, Suaahara facilitated the formation of the Regional Level Multi-sector Nutrition and Food Security Steering committee in the Far-western and Western regions, and at the district level, Suaahara facilitated the formation of Nutrition and Food Security Steering Committee in 18 districts.

The Suaahara Project Advisory Committee, chaired by the Director General of Department of Health Services, was formed to strengthen the multi-sectoral program implementation for Suaahara. Suaahara also closely coordinated with the Child Health Division for planning and implementation of all nutrition activities in order to ensure alignment with national strategies and policies.

Similarly, Suaahara formed an Agriculture Advisory Group to facilitate effective implementation and quality agriculture interventions. Suaahara has actively partnered with the Ministry of Federal Affairs and Local Development to implement social mobilization and governance activities. Suaahara has been supporting the implementation of Master Hygiene and Sanitation Plan and is an active member of National Sanitation and Hygiene coordination committee.

Integrating gender and social inclusion perspectives into existing Suaahara activities has been a high priority. To ensure those from disadvantaged groups benefit from Suaahara programs, Suaahara staff, in conjunction with district-level stakeholders, conducted disadvantaged group mapping exercises throughout all 20 districts. Suaahara strived to build support mechanisms for 1,000 days women and children at the household level by including household decision-makers and family members for all interventions.

Based on formative and baseline research as well as global lessons learned, Suaahara prepared a comprehensive SBCC strategy, which is aligned with national Nepal government priorities and the National Safe Motherhood Child and New born Health Communication (SMNCH) Strategy, 2011-2016. The SBCC strategy guides program activities planning across various areas of the project. In order to unify the communication messages across interventions, Suaahara has developed a unifying theme campaign that will be used across Suaahara's intervention areas. In addition, Suaahara plans to engage 1,000 days households through a series of entertainment education radio magazines and call-in programs that will be placed on local FM stations with high coverage in Suaahara districts.

Suaahara has used baseline survey and formative research to inform the development of its project strategies. District-level lot quality assurance studies are being used to measure project performance at the district and national levels and to prioritize interventions at the district level. Suaahara has piloted the use of smart phones at the data collection for these studies. If proven successful, Suaahara plans to expand the use of smart phones in all project data collection activities.

Mr. Peter Oylo joined Suaahara as Chief of Party, a key personnel position, in June 2013. Dr. Kirk Dearden resigned from his position as Deputy Chief of Party in June 2013. Ms. Pooja Pandey was moved into the role of Deputy Chief of Party, Programs as of July 1, 2013. Suaahara also reorganized some of the other programmatic positions given the importance of these positions within the project: The SBCC Manager, HSP Manager and Senior M&E Manager now report directly to the Chief of Party.

The current USAID obligated amount is \$19,812,032; Suaahara has spent \$11,539,114 with 58.24% against the obligated amount. However, total program expenditures including cost share is US\$ 12,486,374.

Over the past two quarters, expenditures have been increasing. Comparing quarter two to quarter three expenditures increased by 30.75% (quarter two – \$2,172,501 and quarter three – \$2,840,630). In

July 2013, expenditures were approximately \$1,037,789. With the significant achievements made during year two, Suaahara is confident that it will continue to build on this strong foundation to broaden its reach to more 1,000 days households and to introduce new, innovative ways to reach disadvantaged groups.

INTRODUCTION

While Nepal has made significant progress towards the achievement of Millennium Development Goals 4 “Reduce Child Mortality” and 5 “Improve Maternal Health”, it remains one of the most undernourished countries in the world. USAID has made significant contributions to health and nutrition improvements in partnership with the Government of Nepal and other external development partners.

USAID’s Suaahara integrated nutrition project seeks to improve the health of pregnant and lactating women and children less than two years of age in 20 districts of Nepal. Suaahara is a comprehensive community-focused program that integrates various sectors – nutrition, hygiene and sanitation, agriculture and health services promotion – in order to address the key factors affecting nutritional status.

The Suaahara project has four primary results areas:

INTERMEDIATE RESULT 1: Household health and nutrition behaviors improved

INTERMEDIATE RESULT 2: Women and children increase their use of quality nutrition and health services

INTERMEDIATE RESULT 3: Women and their families increase their consumption of diverse and nutritious food

INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is strengthened

In addition to the above the results areas, Suaahara has four cross-cutting themes: gender and social inclusion (GESI), social and behavior change communication (SBCC), social mobilization and governance, and monitoring and evaluation.

This report comprises a description of results and activities for the period August 1, 2012 to July 31, 2013.

PROJECT ACHIEVEMENTS

Suaahara has made significant progress towards the achievement of project results in year two, having laid a strong foundation of activities implementation reaching the household level. The project is now fully operational with activities covering the entirety of each of the 20 districts.

Given the intensive community-level focus and multi-sectoral approach of Suaahara, ensuring that district and community level stakeholders were clear on the project’s mandate, approach and anticipated results was critical for year two. Suaahara district level staff, under the leadership of the Local Development Officer, conducted orientation programs for district-level and village development committee (VDC) stakeholders, political party members and civil society. At the district level, 876 stakeholders (87% male; 13% female) participated in the orientation sessions. At the VDC level, under the leadership of the VDC Secretary, Suaahara oriented 33,848 individuals (60% male; 40% female).

A summary of performance against the year two workplan is included in Annex I, and results against the year two project indicators are summarized in Annex II. The below provides a description of key results and activities by Intermediate Results area.

INTERMEDIATE RESULT 1: IMPROVED HOUSEHOLD AND NUTRITION BEHAVIORS

ROLLING OUT THE INTEGRATED NUTRITION PACKAGE (INP)

Suaahara, in close coordination with the Child Health Division, launched the integrated nutrition program (INP) throughout all 20 project districts. Using a cascade training approach, Suaahara first focused on preparing 20 master trainers (5 female; 15 male).

Results Highlights

876 District stakeholders oriented on Suaahara
 33,848 VDC stakeholders oriented on Suaahara
 20 INP master trainers developed
 5,668 Multi-sectoral district INP trainers developed
 16,530 FCHVs and social volunteers trained in INP
 262,567 Thousand days women and decision makers reached
 2,584 Home visits conducted to thousand days households

INP master trainers, in coordination with the District Public Health Office, conducted INP village level training (VLT) to district line agencies' staff – both health and non-health staff – in all 20 districts to develop INP district-level trainers. The rationale for including non-health staff was to build awareness on nutrition issues among these cadres of workers. Suaahara exceeded the target of forming 5,519 trainers and successfully established 5,668 trainers (43% female; 57% male). Among these 5,668 trainers, 31% were from the non-health sector.

The district-level trained individuals further cascaded the INP by conducting community level training (CLT) in all 20 districts. Suaahara's target was to train 14,642 Female Community Health Volunteers (FCHVs) and social volunteers and the project successfully built the capacity of 16,530 individuals (78% FCHV; 22% social volunteers) who would then reach 1,000 days women and decision makers with the INP package.

Suaahara is in the process of conducting an assessment of non-health staff trained through INP VLT to assess the application of skills developed through the training. In addition, Suaahara is exploring the possibility of doing a more in-depth evaluation of the cascade training approach to determine the fidelity of transmission of the INP package. These assessments are aligned with Suaahara's effort to generate evidence for the effectiveness of its strategies.

REACHING 1,000 DAYS WOMEN AND DECISION MAKERS

Trained FCHVs completed ward level interactions (WLIs) with 1,000 days women and decision makers on Suaahara-promoted behaviors in five districts (Baglung, Lamjung, Myagdi, Mustang and Syangja); WLIs are ongoing in 15 districts. Through July 31, 2013, 262,567 individuals (43% 1,000 days women; 57% decision makers) have been reached. FCHVs, with support from Field Supervisors, used discussion cards to identify barriers that impede adoption of optimal maternal, infant and young child nutrition behaviors, as well as seek solutions to overcoming those barriers.

"After participating in WLI, I came to know that children can digest egg after 6 months. Now, I give egg to my child."
Shanta Kharel Chimoriya (decision maker), Sundrawati VDC, Dolakha.

The project also developed beneficiary-reach strategies such as a Peer Education (PE) approach and mobilization of religious and traditional healers for implementation in year three. Related concept notes and implementation guidelines were prepared and circulated among project staff. In order to develop the integrated nutrition PE modules, a workshop was organized at which Essential Nutrition Action (ENA) Officers, Social Mobilization and Communication Officers and technical central level staffs were invited. Suaahara will share the final strategy and modules with USAID – anticipated for September 2013.

COORDINATION

Suaahara routinely coordinated the planning and implementation of all nutrition activities with the Child Health Division to align them with national strategies and policies. The project has been represented in various national-level forums such as the Nutrition Cluster, the infant and young child feeding (IYCF)

committee and the NUTECH committee, among others. Similarly, all district teams have coordinated with respective district line agencies for program implementation.

During the recent Mahakali flood in Darchula, Suaahara staff led the emergency nutrition response effort at the district level. The project supported a rapid nutrition assessment, IYCF counseling and updated the Nutrition Cluster on a regular basis for appropriate assistance to flood victims.

Success Story: Mother-in-Law becomes an advocate for optimal nutrition

Chandra Darji, age 64, resides in Baglung district. Chandra gave birth 14 times but lost 5 of her children. She is now a proud grandmother of 20 grandchildren. She lives with her husband, son, daughter-in-law and 2 grandchildren. She has been working as a *Katuwal* for the last 10 years since the death of her father-in-law. In this role she disseminates messages by visiting households and speaking at public events and gatherings. Chandra attended the ward level interaction as her daughter-in-law's decision maker in March 2013.

From the ward level interaction, Chandra learnt optimal health and nutrition behaviors, and realized what she had been unaware of these practices during her own pregnancy and lactating period. This motivated her to spread the word among community members. As a *Katuwal*, she is uniquely positioned to promote these health and nutrition behaviors not only among her family but to the VDC at large. She teaches her community the difference between nutritious foods and processed foods bought in the market, since many families mistakenly associate the two. She teaches her fellow community members about locally available green vegetables, *sisno*, pumpkin, *karkalo* and beans. Chandra doesn't limit herself to just nutrition messages, but also shares advice on the importance of antenatal care visits, adequate rest, sanitation and hygiene for child and maternal health. Within her own home, she has successfully encouraged her daughter-in-law to exclusively breastfeed her grandson until he reaches six months.

Chandra is a perfect example of how Suaahara not only reaches 1,000 days women, but also influences every member of the family to adopt changes and even become a champion for change in her community.

Similar to year one, Suaahara jointly planned and reflected nutrition activities in the Government of Nepal's Red Book for the fiscal year 2070/2071. Planned program activities have also been shared with regional and district line agencies for input and support.

Regular joint multi-sectoral supervision and monitoring activities have been conducted at the national, regional, district and VDC level to seek technical support from government line agencies to Suaahara.

NUTRITION RELATED DAY CELEBRATIONS

To sensitize and create awareness among 1,000 days women and decision-makers along with community members, Suaahara supported District Public Health Offices to celebrate nutrition-related days, such as World Breastfeeding Week, School Health and Nutrition Week and Iodine Deficiency Disorder Month. These days were celebrated at the both the district and VDC levels through demonstrations, rallies and various competitions.

HYGIENE AND SANITATION IMPROVEMENT

Strategic Planning Meeting with District Water, Sanitation and Hygiene Coordinating Committees (D-WASH CCs) and VDC Water, Sanitation and Hygiene Coordinating Committees (V-WASH CC)

Suaahara organized workshops with district water, sanitation and hygiene coordination committees in 20 program districts to identify 250 hygiene and sanitation promotion VDCs, including 68 potential open defecation free VDCs. Strategic planning meetings were held with both district-level and VDC-level water, sanitation and hygiene coordination committees to develop a clear open defecation free (ODF) zone strategy, which comprised processes for taking hygiene and sanitation to every household in 68 open defecation free VDCs. These meetings enabled support and follow-up for smooth implementation

of water, sanitation and hygiene (WASH) activities, formation or reactivation of VDC committees and development of local level plans to accelerate ODF declaration by district and VDC stakeholders.

District-wide Water, Sanitation and Hygiene Activities

Suaahara conducted the following activities in all Suaahara VDCs in order promote good water, sanitation and hygiene behaviors:

- Interaction with mothers infant and young child feeding groups (MIYCF) groups on importance of hand washing, food hygiene, use of latrines and point-of-use water treatment (POU).
- Promotion of point-of-use water treatment options to improve the quality of water at the house hold level.
- Child club mobilization through schools focusing on 5 key hygiene and sanitation components (hand washing, POU, food hygiene, use of latrine, safe disposal of child feces).
- Engagement with the VDC stakeholders and ward citizen forums to link hygiene and sanitation with nutrition and agriculture.

Highlights

68 ODF VDCs and 250 hygiene & sanitation promotion VDCs identified in 20 Suaahara districts

455 LINGO staff trained on hygiene and sanitation promotion in 20 Suaahara districts

1,701 V-WASH CC members trained on hygiene and sanitation program management

5,324 child club members trained on hygiene and sanitation

1,359 participants from CBOs trained on hygiene and sanitation

453 sanitation masons trained in 47 ODF VDCs

20 VDCs declared ODF zones

Capacity Building

In order to generate support from community groups for ODF declaration, a number of capacity building activities were conducted. These began with the 5-day Hygiene and Sanitation Promotion training of trainers (TOT) where a total of 455 Field Supervisors and Field Coordinators (53% female; 47% male) were equipped with knowledge and skills on community-led total sanitation (CLTS) to facilitate subsequent hygiene and sanitation activities.

In an effort to mobilize community level stakeholders, two-day training for community-based organizations (CBOs) was conducted to orient them on the National Hygiene and Sanitation Master

Plan and to define their roles and responsibilities in regards to ODF declaration. For this activity, a total of 1,359 participants (44% female; 56% male) participated from local CBOs, forest user's groups and religious groups. Since ODF declaration requires consistent support, Suaahara developed Community Hygiene and Sanitation Facilitators (CHSF) in each ward of the VDCs selected for ODF declaration. These CHSFs received 4-day training on hygiene and sanitation, which enabled them to develop action plans for triggering, follow-up and monitoring for toilet construction. A total of 570 CHSFs (59% female; 41% male) were trained and mobilized. Suaahara also built the capacity of child clubs for triggering households to build toilets. A total of 5,324 child club members (48% female; 52% male) participated in the 2-day hygiene and sanitation promotion training.

A key component to building toilets is the availability of skilled masons at the local level. In order to provide such human resources, Suaahara conducted a three-day technical training to develop 423 (4% female; 96% male) masons. The center-piece of Suaahara's ODF strategy is the community-level triggering activities conducted on the harmful effects of open defecation and importance of toilets, which have been completed in 292 wards.

Upon the request of the district, CLTS TOT was provided to VDC secretaries and district water sanitation and hygiene coordination committee members of Rupandehi and Darchula. A total of 68 participants were trained. The main objective of the training was to orient VDC secretaries and district

water sanitation and hygiene coordination committee members on hygiene and sanitation and triggering activities at community level.

ODF VDC Declaration

Suaahara worked closely with district- and V-WASH CC, Government stakeholders and local groups to raise awareness about the importance of hygiene and sanitation and promote open defecation free VDCs. Suaahara's support in this effort resulted in 20 VDCs (against a target of 8 VDCs for year two) declaring to be open defecation free VDCs. These open defecation free zones are:

- 3 VDCs in Parbat
- 3 VDCs in Syangja
- 3 VDCs in Baglung
- 3 VDCs in Mustang
- 1 VDC in Sindhupalchowk
- 2 VDCs in Bajhang
- 1 VDC in Rasuwa
- 1 VDC in Dolakha
- 1 VDC in Sankhuwasabha
- 2 VDCs in Bhojpur.

In addition to the above, Myagdi and Parbat districts have been declared open defecation free districts.

WASH-related Day Celebrations

Suaahara celebrated different WASH related days in collaboration with district and VDC WASH committees to promote the importance of proper use of toilet, hand washing with soap and safe drinking water. During these day celebrations, a large number of community members participated in the triggering activities, hand washing demonstrations, point-of-use water treatment orientations, rallies, and poem and quiz competitions. Hygiene and sanitation messages were also broadcasted through local FM radio and television. These day celebrations were found to be an effective tool to reach a large number of people with Suaahara's messages. Altogether 141,877 people were reached through celebrations through 364 events. These WASH related days were Global Hand Washing Day, World toilet Day, World Water Day, Environment Day and National Sanitation Week.

Coordination

Suaahara coordinated with Ministry of Urban Development /Drinking Water and Sewerage Department for implementation of WASH activities. Suaahara attended bilateral/multilateral meetings, guideline validation seminar and national level WASH meetings.

Spotlight: Where there's a will, there's a way

Isarawati Harijan, a widow from Rupandehi district lives with five members of her family. Isarawati's family is poor and they live in a two-room house, which is the family's only property. To support her family, Isarawati provides housekeeping services in another family's house. Isarawati's house did not have a toilet, and she was not aware of the importance of hygiene and sanitation to the health of her family.

Following the launch of Suaahara in Rupandehi, Isarawati participated in the WASH meetings being held in her VDC, one that was receiving ODF support. She attended these meetings regularly and improved her knowledge of proper hygiene and sanitation practices. Despite her family's difficult financial situation, Isarawati became inspired to build a toilet for her family. She mapped out a low-cost toilet to be built on the family's existing land, and built a small toilet on her terrace on her own – her son and daughter-in-law were not present at the house during this period. Isarawati has become a role model for her family and her community.

INTERMEDIATE RESULT 2: WOMEN AND CHILDREN INCREASE USE OF QUALITY NUTRITION AND HEALTH SERVICES

The Health Services Promotion (HSP) startup meeting was completed in 20 districts to orient district stakeholders on revised HSP activities. A total of 496 stakeholders participated in these meetings.

COMPLIANCE WITH US POPULATION POLICIES

Suaahara gave significant importance to guaranteeing compliance with US population policies. Suaahara provided family planning compliance training to 481 project staff at the central, cluster, district and Local non-governmental organization (NGO) level. In addition, 68 health service providers received the training. Suaahara printed and distributed the informed choice poster to all health facilities in the 20 Suaahara districts. During field visits, Suaahara staff used the checklist developed in conjunction with other USAID family planning (FP) partners in order to ensure compliance with US population policies. To date, there have been no reports of potential violations.

DEVELOPMENT OF TRAINING/ ORIENTATION MANUALS AND COUNSELING MATERIALS

Suaahara worked closely with different Department of Health Services (DOHS) divisions to develop training materials to strengthen services for health and nutrition outcomes. These include:

- Development of the training manual on Partnership Defined Quality (PDQ) with involvement of Health Facility Operations and Management Committee (HFOMC) in coordination with National Health Training Center (NHTC)
- Development of FP/Healthy Timing and Spacing of Pregnancy (FP/ HTSP) orientation package and Primary Health Care (PHC)/Outreach Clinic orientation package under the leadership of the Family Health Division (FHD)
- Revision of IMCI training package under the leadership of the Child Health Division (CHD)
- Development of FP/HTSP posters under the leadership of the National Health Education Information and Communication Center (NHEICC).

PARTNERSHIP DEFINED QUALITY (PDQ) IMPLEMENTATION WITH INVOLVEMENT OF THE HFOMC

PDQ is a process to improve the quality and utilization of services by engaging the communities, health workers and HFOMC members. The process allows these important stakeholders to collectively identify gaps in health service delivery and develop action plans to improve services for the community. Suaahara developed a total of 211 district level PDQ trainers who went on to implement the PDQ process in 39 health facilities to 1,203 individuals. The target for this activity for year two was to implement the PDQ process in 112 health facilities to 2,800 individuals. This shortfall in achievement was due to significant delays in the approval of the PDQ manual by the National Health Training Center. In addition, as the trainers are Government health workers, implementation of the training was dependent on their availability, which was often limited and difficult to arrange. Suaahara has taken steps to address this issue by contracting out PDQ training to a national NGO.

IMPROVING HTSP SERVICE DELIVERY

HTSP is an intervention that helps women and families delay, space, or limit their pregnancies for optimal health and nutrition outcomes of women, newborns, infants, and children. In order to support this intervention, Suaahara has prepared 22 FP/HTSP master trainers and trained 112 health workers on FP/HTSP in five districts. This achievement was significantly below the target of 1,567. This lower than expected achievement through July 31, 2013 was due to delays in endorsement of the FP/HTSP manual by the Family Health Division. Suaahara plans to complete activity by the end of September 2013.

MATERNAL NEWBORN CHILD HEALTH AND NUTRITION (MNCH-N) QUALITY IMPROVEMENT (QI):

Suaahara developed the MNCH-N QI tool to improve the quality of maternal, neonatal, and child health services per national medical standards. Under the leadership of Child Health Division, Family Health Division and the District Health Office of Dolakha, Suaahara conducted three-day training on the tool to 20 health workers (5 females; 15 males).

Trained district health workers went on to provide two-day orientation sessions on the use of the tool to community level health workers. The tool is currently being used in 15 health facilities of Dolakha. Altogether, four batches of trainings have been provided to 62 participants (41 females; 21 males). Based on findings from the tool, each health facility has developed an action plan for the improvement of their MNCH-N services.

EXPLORING HOW TO IMPROVE SUPPLY SIDE INTERVENTIONS TO REDUCE STUNTING

Suaahara recognizes the contributions of supply-side interventions (health services promotion in particular) in reducing stunting in children less than two years. Suaahara is reviewing the health services promotion component of the project to determine the potential effectiveness of the interventions planned to achieving the project goal. Greater emphasis will be given to service-level interventions that are more directly related to reducing stunting in children less than two years. Such interventions could include

- Focusing on nutrition counseling, during maternal and child health contact points at health and FCHV levels.
- Treatment of sick child with a specific emphasis to promote proper sick-child care and feeding to during and after illness as infants and children have increased energy and micronutrient requirements during and shortly after illness.
- Strengthening coverage of national programs, such as family planning, maternal iron supplementation, deworming during pregnancy, community-based integrated management of childhood illness, in Suaahara districts.

INTERMEDIATE RESULT 3: INCREASED CONSUMPTION OF DIVERSE AND NUTRITION FOOD

To improve 1,000 days women and children's access to nutritious food, Suaahara initiated a homestead food production (HFP) intervention in nine districts. This nutrition-sensitive intervention helps to ensure that families have the right kind of vegetables in their home in order improve dietary diversity and consumption of nutritious foods.

In year two, activities focused on raising awareness and capacity on HFP at the district level and providing seed and poultry inputs to 1,000 days households for developing improved garden and back yard poultry.

DEVELOPING DISTRICT TRAINERS ON HFP

Suaahara prepared 343 district level HFP trainers through a six-day training of trainers in nine districts. Partner NGO field supervisors, Agriculture Service Center staff and Livestock Service Center staff attended the training.

INCREASING CAPACITY OF 1,000 DAYS HOUSEHOLDS FOR INCREASED PRODUCTION OF NUTRITIOUS FOOD

These district-level trainers then returned to their localities and conducted two-day HFP training. A total of 61,644 mothers group members and their household members (41,340 1,000 days mothers and 20,304 household members) received the training. Key elements of the training included diversification of nutrient-rich crops (garden layout, low cost water and soil nutrient management), raising chickens in

the backyard (improved care and management practices like building chicken coops with fencing), preparation of nutritive feed, and practicing bio security measures.

PROVIDING INPUT SUPPORT TO HOUSEHOLD FOR DEVELOPMENT OF GARDEN AND BACK YARD POULTRY

Altogether 15,000 dry season and 41,000 rainy season composite seed packets of vegetables were distributed to 41,000 households (each household received one packet of seeds of diverse vegetable per season). Composite seeds helped the family to grow diverse vegetables in their homestead garden even during the dry season. Suaahara procured and distributed 47,695 eight-week brooded chicks of improved breeds to 9,539 households (5 chicks per household). As part of this intervention, each household is required to build a chicken coop, at their own expense, for raising the new chicks. The seed and poultry distribution activity, which provides improved household access to these important agriculture inputs, was completed in Manang and Mustang and is ongoing in remaining districts.

INTRODUCING UNIQUE AND NUTRIENT DENSE CROPS THROUGH GARDEN TO PLATE APPROACH

Iron rich *kangkong* and Vitamin A rich orange fleshed sweet potatoes were introduced into households gardens because they are easy to cultivate, manageable at a low cost and can be grown on marginal land. 1,000 days mothers and household members were trained on cultivation practices (how to seed, plant, harvest) and preparation of nutritious recipes (how to cook, prepare and feed children). In coordination with the Department of Food Technology and Quality Control and the Department of Agriculture, Suaahara is preparing a “from garden to plate” brochure that can be used at the household level to promote *kangkong* and orange fleshed sweet potato cultivation and consumption.

Results Highlights

195,525 beneficiaries with access to home or community gardens

61,644 mothers group members and their household members trained in HFP

15,000 dry season and 41,000 rainy season composite seed packs for vegetable cultivation distributed to 41,000 households

47,695 eight-week brooded chicks of improved breeds to 9,539 households

HELPING FAMILIES TO PROCESS AND PRESERVE THE FOOD FOR LEAN PERIODS OF VEGETABLE PRODUCTION

Many households in the hill and mountain regions face difficulty in cultivation of vegetables during the winter. Suaahara is piloting solar drying techniques in select VDCs of upper Mustang and Manang to improve preservation practices and contribute to increase household access to healthy, hygienic and nutritious foods

(vegetables, fruits and meat) during the lean production season. In conjunction with Department of Food Technology and Quality Control, Nepal Agriculture Research Council and District Agriculture Development Office, Suaahara trained household members in the selected VDCs in using a solar drying technique to preserve vegetables and meats and in storage practices to ensure quality during the lean season.

DEVELOPING A COMMUNITY VACCINATION STRATEGY TO PROTECT BACKYARD POULTRY AGAINST NEWCASTLE DISEASE THROUGH PUBLIC-PRIVATE PARTNERSHIPS

Promotion of an improved poultry raising system for small scale farmers is a challenge, particularly as it relates to ensuring timely vaccination of the chickens against Newcastle disease. For community vaccination initiatives, Suaahara has developed a vaccination strategy in coordination and consultation with national stakeholders including the Department of Livestock Services and Ministry of Agriculture

Development (Center Biological Production Lab). Suaahara has held discussions with GALVMed, a Scottish NGO that supports vaccination development and production for backyard poultry and small ruminants. GALVMed has indicated a willingness to provide a grant to HKI to procure the Newcastle vaccine, which is now available in a more heat-stable form. Suaahara would provide the necessary training and promotional support to roll out this intervention.

COORDINATING WITH DISTRICT LIVESTOCK OFFICES FOR TAKING PRECAUTIONARY MEASURES ON BIRD FLU FOR BACK YARD POULTRY

Avian influenza (AI) is a highly contagious disease of birds which can be devastating for poultry growers, both back yard and commercial. Suaahara is reinforcing simple bio-security recommended practices in back yard poultry (e.g., building poultry coop/pen with fencing, avoiding physical contact between chickens and children and water fowl, proper handling of chicken droppings, maintaining individual hygiene and sanitation, checking hatchery and brooding standards of chick suppliers, increasing monitoring and supervision from government authorities in program areas, and transporting of brooded chicks with health certification from authorized sources). Field supervisors and community people were oriented about bird flu and precautionary measures to be taken for bio-safety. Suaahara's Rasuwa district office has planned meetings on bird flu for high risk areas of the district with the District Livestock Services Office.

Success Story: Kitchen garden brought vegetable diversity in my family's meal

Gita Khati, a 24-year old resident of Taplejung, is a 1,000 days dalit mother with two children, of which the youngest is 20 months old. During both of her pregnancies Gita had minimal contact with the health system, and lacking proper knowledge on appropriate feeding practices, she initiated supplementary feeding to her son at the age of four months.

Following the initiation of Suaahara activities in her VDC, Gita participated in the Suaahara orientation, HFP training and WLI, and her knowledge on integrated nutrition for children and 1,000 days mothers increased drastically. She started to use Depo-Provera as a family planning method and is now able to explain the best way of taking care of children both before and after 6 months. She confidently boasts that she has adopted the right hygiene practices.

As part of Suaahara's HFP activity, Gita received dry and rainy season vegetable seeds and five chicks, in addition to the two-day HFP skill oriented training. It helped her to translate her increased knowledge on growing vegetables to improve cultivation. She now has squash, kangkung, swiss chard, beans and okra in her small HFP garden. She proudly says that nowadays, her family doesn't have to eat food without vegetables.

Following her training, Gita was curious about the production of vegetable seeds. For this, she allocated a small piece of additional fertile land (millet nursery) for a permanent kitchen garden to plant vegetable seeds. She is also rearing Suaahara distributed poultry chicks in a newly constructed coop with help from her husband, in a semi-intensive system and feeding homemade feed. She was proud to show her well managed poultry coop and thanked Suaahara for providing her with improved breeds of chicks.

Upon asking what she will do with the eggs produced from her new chickens, she impulsively replied that her children's nutrition was her top priority. "Je hos naya aamaharulai maile ab kasari bachchako poshan ma sudhar lyaun sakinchha bhanne sandesh din sakchhu", she concluded confidently.

INTERMEDIATE RESULT 4: IMPROVED COORDINATION ON NUTRITION BETWEEN GOVERNMENT AND OTHER ACTORS

Suaahara continued its support to strengthening coordination at the national, regional and district levels on issues related to nutrition. The below highlights key elements of coordination through Government agencies involved in nutrition.

NATIONAL PLANNING COMMISSION

In close partnership with the National Planning Commission and UNICEF, Suaahara is supporting the implementation of the Multi-sector Nutrition Plan in Nawalparasi and Bajura districts. Numerous joint supervision and monitoring visits from the National Family Commission, with health and non health sector representative, were carried out. Suaahara also provides significant technical support to District Multi-sector Nutrition and Food Security Steering Committees.

At the regional level, Suaahara facilitated the formation of the Regional Level Multi-sector Nutrition and Food Security Steering committee in the Far-western and Western regions. Suaahara was nominated as an invitee member and has been regularly updating its activities and progress in this committee.

At the district level, Suaahara facilitated the formation of Nutrition and Food Security Steering Committee (DLNFSC) in 18 districts. The DLNFSC has been providing strategic guidance and oversight to Suaahara, and Suaahara district-level staffs are members of these committees. In order to better advocate for nutrition issues at the district level, Suaahara has organized multiple supervision and monitoring visits jointly with the multi-sector stakeholders. Similarly, at the VDC level, 162 VDCs have formed VDC level Nutrition and Food Security Steering Committee. The committee has been used for advocacy purposes with VDC representatives from various sectors to incorporate nutrition sensitive programming in VDC level planning. These committees have positively responded to the Suaahara's

project objectives and implementation approach and have committed to work on mainstreaming nutrition issues into local-level planning.

MINISTRY OF HEALTH AND POPULATION

The Suaahara Project Advisory Committee (PAC) was formed to strengthen the multi-sectoral program implementation for Suaahara. The Director General of Department of Health Service chairs the committee. Other members of the committee include the Director of Child Health Division, Representative of National Planning Commission, Representative of Ministry of Agriculture and Cooperatives Representative of Ministry of Physical Planning and Works, Representative of Ministry of Urban Development, Representative of Ministry of Federal Affairs and Local Development, and Representative of Ministry of Education. The first meeting was held in June 2013.

Suaahara closely coordinates with the Child Health Division for planning and implementation of all nutrition activities in order to ensure alignment with national strategies and policies. Suaahara staff participate in many national-level forums, such as the Nutrition Cluster and the NUTECH Committee. Similarly, all district teams have coordinated with respective district line agencies for program implementation.

During the recent Mahakali flood in Darchula, Suaahara led the emergency nutrition response effort at the district level. The project supported a rapid nutrition assessment, IYCF counseling and updated the Nutrition Cluster on a regular basis for appropriate assistance to flood victims.

Similar to year 1, Suaahara jointly planned and reflected nutrition activities in the Government of Nepal's Red Book for fiscal year 2070/2071. Planned program activities have also been shared with regional and district line agencies for input and support.

MINISTRY OF AGRICULTURE AND DEVELOPMENT (MOAD)

In order to facilitate effective implementation and quality agriculture interventions, the Suaahara Agriculture Advisory Group was formed. To initiate community poultry vaccination in Suaahara districts, consultation meetings were held with the Director General of Department of Livestock Services and the Central Biological production laboratory. Furthermore, discussions were held with Dr. Meritxell Donadeu (Director of Operations) and Dr. Peetamber Kushwaha (Research and Development Manager) of GALVmed to support the Newcastle disease vaccine in Suaahara districts. To complement Suaahara's food security efforts in the far-western region, numerous discussion meetings were held with the Ministry of Agriculture Development, particularly with Nepal Agriculture and Food Security Project.

MINISTRY OF FEDERAL AFFAIRS AND LOCAL DEVELOPMENT (MOFALD)

Suaahara has actively partnered with the MOFALD to implement social mobilization and governance activities. The MOFALD social mobilization framework will be used and Suaahara activities will be integrated into REFLECT sessions – a participatory social mobilization process – conducted at the district level. Suaahara will also orient members from Community Awareness Centers (CAC), Ward Citizen Forums (WCF) and VDCs and District Development Committees to help contribute to sustaining nutrition initiatives after Suaahara ends. As an outcome of close collaboration, a letter of understanding has been prepared and submitted to MOFALD for review. The letter of understanding is to be signed in early September 2013.

MINISTRY OF URBAN DEVELOPMENT

Suaahara has been supporting the implementation of Master Hygiene and Sanitation Plan and is an active member of National Sanitation and Hygiene coordination committee (NSHCC).

CROSS-CUTTING STRATEGIES

GENDER AND SOCIAL INCLUSION

Suaahara aims to address three GESI bias areas: work load, access to resources/services and decision making power of women of disadvantaged groups. District teams have received an orientation to use GESI program tool monitor program activities from GESI perspective.

DISADVANTAGED GROUP MAPPING

In all districts, Suaahara mapped the disadvantaged communities to ensure their reach and participation in all program activities. Suaahara collaborated with District Development Committees (DDCs) and adopted local government community development program process, which followed a participatory exercise by involving the marginalized and diverse community people that include CACs (mostly those from disadvantaged communities), WCFs, local political leaders and other key informants of the VDC/wards to discuss and map communities of disadvantaged status. This exercise helped to identify disadvantaged wards in all districts to institutionalize their presence at the DDC and prioritize the focus of Suaahara interventions of year three planning.

GESI TRAINING AND ORIENTATIONS

Twenty five Suaahara staff representing all components from centre, cluster and district were trained in GESI. The training focused on developing a personal appreciation on how GESI permeates everyday interactions and on understanding how gender discrimination and social exclusion affect agriculture, hygiene/sanitation and nutrition outcomes. The trained participants have become advocates ensuring the integration of GESI in Suaahara activities. In addition, GESI sessions were included in all master training of trainers and training of trainers sessions.

DEVELOPMENT AND IMPLEMENTATION OF GESI STRATEGY AND TOOLS

Suaahara developed a strategy to ensure that all interventions have incorporated GESI elements into their designs and implementation. Three main GESI bias areas were identified from Suaahara formative research and a GESI workshop conducted among stakeholders: workload of pregnant or lactating mothers, access to resources/services and decision making power of women of disadvantaged groups. Suaahara is prioritizing the inclusion of specific strategies to address these three areas in all program activities. A specific GESI tool has been developed to assist implementing partners and local NGOs address these areas during implementation. All district teams have received an orientation to implement and apply the GESI integration tool.

INITIATIVES FOR INTEGRATING AND ADDRESSING GESI ISSUES

Suaahara has put efforts to ensure that program activities are truly inclusive. Family members have a high degree of influence on decisions regarding nutrition and related aspects of the lives of 1,000 days women and children, who need support from the family members on diversified nutritional food intake, sanitation, and health checkups. Therefore, household decision makers and family members were targeted in interventions. Thirty-three percent of ward level interactions and 51% of homestead food production trainings included decision makers and family members. Suaahara believes that prioritizing the inclusion of decision makers and family members, along with the mothers themselves in these interventions will help to create a more conducive household environment for 1000 days women to make adopt healthy behaviors.

Suaahara mobilized Community Hygiene and Sanitation Facilitators to target disadvantaged households for constructing toilets and improving household sanitation facilities. In addition, these facilitators support these households to become village model farms later in the project, build their capacity and motivate them to become active change agents in their communities.

All social and behavior change communication (SBCC) and training materials, guidelines and program documents considered GESI issues in their design.

STRENGTHENING COORDINATION FOR PROMOTING GESI

A forum among the GESI focal point persons of USAID-funded partners has been created to exchange, learn and expand the synergic effect for GESI. Two meetings were fruitful to share GESI-related work/initiatives and discuss and identify the common areas and opportunities for collaboration. Also the coordination with GESI units of concerned ministries and departments and GESI-related networks have been continued in year three.

PILOTING A COMMUNITY ENGAGEMENT APPROACH

To augment Suaahara's work with integrating GESI into the HFOMC curriculum and in rolling out PDQ with involvement of HFOMCs, Global Policy Measurement providing technical inputs to Suaahara to implement a community engagement approach increase HFOMC's responsiveness to the needs of women and other marginalized groups through strengthened community outreach and participation. This approach will be pilot-tested in Baglung and Syangja districts, and following the study, decisions will be made on the ability to scale up this approach in other Suaahara districts. Results are anticipated by the end of year three.

SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

FORMATIVE RESEARCH

A formative qualitative research was conducted to describe infant and young child feeding practices, care giving practices and hygiene behaviors to identify determinants of those behaviors and identify family aspirations that would inspire change. Data collection, processing and report development and dissemination took place. The research findings have guided programmatic directions, key behaviors to focus on, barriers to overcome and motivators that can be utilized to bring about necessary changes in behavior to improve the lives of 1,000 days women and children.

SUAAHARA SBCC STRATEGY

Based on formative and baseline research as well as global lessons learned, Suaahara's SBCC strategy was prepared. The strategy is aligned with national Nepal government priorities and the National Safe Motherhood Child and New born Health Communication strategy, 2011-2016. The SBCC strategy guides the program activities planning across various areas of the project.

PARTICIPATORY COMMUNITY THEATRE: OPERATIONS RESEARCH

A pilot community theatre operations research was conducted through a rigorous case control, baseline/end line survey to measure the effect on audience members' knowledge and behavior. Research was implemented in 6 randomly selected intervention sites, evaluated using a pre-/post-/delayed-post-test with randomized intervention and matched control sites. Trained local community theatre troupes prepared and performed community theatre in two locations in their districts. The analysis found that community theatre attendance was significantly and positively associated with nutrition-related knowledge, communication with others about nutrition matters, efficacy to take nutrition-related action, hand washing after cleaning a defecating child, feeding children eggs, feeding children meat and/or fish. Suaahara is exploring how lessons learned from this research can be incorporated into year three SBCC activities.

MATERIALS INTEGRATION, QUALITY PRODUCTION

An integrated materials committee formed in early 2013 met regularly to streamline development, pretesting, production and distribution planning, monitoring and feedback to develop, test and disseminate quality materials, media and methods. These meetings are a forum for all teams (Suaahara partners, technical experts) to share their SBCC plans, processes to jointly coordinate a smoother, coordinated, integrated materials planning and development process. SBCC materials, media and

methods were developed in line with the Suaahara SBCC strategy and based on partner request linked to field needs. These materials were endorsed by concerned line ministries before finalization and production.

UNIFYING THEME CAMPAIGN

A unifying theme campaign is being designed to integrate various Suaahara components and provide the staging for the diverse nutrition-related activities and interventions under the larger Suaahara integrated nutrition program. The campaign will integrate a full range of Suaahara activities such as agricultural initiatives, water and sanitation activities, gender and advocacy, community mobilization and health services promotion, nutrition with the radio drama, media advocacy and community and household initiatives, life cycle events, and folk song and recipe competitions.

ENTERTAINMENT EDUCATION RADIO PROGRAM

Three entertainment education radio magazines with drama and call-in programs are being developed to reach community and household levels based on a design document produced through a design document workshop in January. The radio programs will be aired through district level local FM stations. The radio program with its unique call-in section emphasizes the participatory, interactive nature of this activity to generate discussion at the community and household level to help facilitate and sustain behavior changes in integrated nutrition issues.

MEDIA ADVOCACY

The SBCC team worked closely with District Coordinators to implement district level media advocacy meetings to increase coverage of integrated nutrition issues in the mass media, connect local journalists with key *Suaahara* staff to orient them to *Suaahara* activities and increase journalists' knowledge of major integrated nutrition-related issues in Nepal including sources for information such as *Suaahara* studies (baseline, formative studies). The meetings have helped highlight *Suaahara* activities at the district and national level with an increase in publications on *Suaahara* in newspapers and local radio stations.

SBCC CAPACITY BUILDING

Behavior change pieces are inserted or are in the process of being inserted into orientation presentations and discussions, social mobilization trainings at various levels, peer educator trainings and orientation program, radio listener group facilitator orientations and other activities as they arise. SBCC 'training' is integrated as far as possible into every meeting, training activity and monitoring.

SBCC COORDINATION AND TECHNICAL SUPPORT

The SBCC team worked closely with government, particularly NHEICC and CHD to help strengthen their SBCC knowledge and skills by working closely together in SBCC media and materials design and IEC/BCC technical committee materials reviews. This 'learning by doing' approach helps both the SBCC team and the government partners cross learn through practical experience. Technical support was provided for the following national strategies and plans: IYCF strategy, MIYCN National Plan of Action, NHEICC consultation meeting with Institute of Medicine to prepare for a Master's level course in Health Promotion Education, NHEICC – Nepal Health Communication Policy 2012, UNICEF Nepal's five-year country action plan.

DOCUMENTATION/CASE STUDIES

Case studies documentation was initiated and guidelines drafted. The case studies are thematically categorized for easier classification, monitoring, dissemination and balance of issues. Technical support is being provided while coordination is Ongoing with the Monitoring Evaluation and Accountability and Learning team. Twenty case studies have been drafted during year two and are in the process of final editing prior to submission to USAID for approval.

MONITORING AND EVALUATION (M&E)

During this reporting period, monitoring and evaluation activities centered on using the baseline and formative research studies to inform Suaahara program strategies, establish data collection, management and reporting systems for all levels of the project and initiate lot quality assurance sampling (LQAS) district level studies to measure progress towards achieving end of project objectives. The first two activities were reported in the year two semi-annual report and are not reported in this report. The below highlights the LQAS studies and a data quality audit conducted during the reporting period. In addition to the below, Suaahara maintains a training database and routinely inputs training data into TrainNet.

RESULTS MONITORING THROUGH LQAS

Suaahara uses annual district-level LQAS studies to measure outcome level indicators related to IYCF, MNCH, WASH, and HFP in order to assess progress towards achieving end of project objectives. In addition, Suaahara program staff use these data in order to prioritize interventions at the district level.

The monitoring and evaluation team led the study process with active involvement from cluster, district and Local NGO teams. Field supervisors served as enumerators, while district, cluster and Government staff monitored the process in the field for data accuracy and integrity. District government agencies and other stakeholders' enthusiasm to know the results of the survey have opened avenue for district ownership and commitment for nutrition. The findings have provided direction for year three district-level planning. In September 2013, a final report will be complete that will include district-specific targets for outcome-level indicators and recommendations for district-level priority intervention areas. Dissemination of the results to stakeholders at the district-level will follow.

PILOTING OF DATA COLLECTION USING SMARTPHONE FOR LQAS ANNUAL STUDIES

As part of the LQAS studies during year two, Suaahara piloted the use of smart phones for data collection in two districts. The LQAS questionnaire was installed on Smartphone's for use by the Field Supervisors during data collection. Field Supervisors were trained on how to use the smart phones and practice sessions held to ensure each one was confident in using the device. In order to maintain data integrity, each field supervisor is given a card with a bar code on it as a unique identifier for the individual using the phone. Only after scanning the bar code with the device can a Field Supervisor initiate data collection. Once all the answers are recorded in the set, the global positioning system (GPS) location of the household is taken; the data are then sent to a database hosted on a server in Kathmandu for data cleaning, management and analysis.

Using this technology has helped M&E to track who are collecting the data through bar code, where the data were collected through GPS, verification of sample locations, and immediate data checking and feedback. Thus, the amount of time related to data entry into the computer has been eliminated. Moving forward, Suaahara plans to pilot the use of smart phones in routine program activities, such as household visits, in order to further reduce the burden of data collection and data entry as well as to improve the quality of data generated and analyzed.

DATA QUALITY AUDIT (DQA)

Suaahara has adapted the MEASURE Evaluation data quality audit (DQA) in order to verify the quality of data being generated by the project. Areas such as M&E management and administration, data quality (validity and reliability), data integrity, information systems integrity, accuracy of data, data use and feedback were assessed with the cluster staff. The cluster staff further cascade the process to district and then to Local NGO.

Experiences of undertaking DQA in the four clusters resulted in the following priority areas for action

- Undertaking monthly data verification by district staff and quarterly by cluster staff would become mandatory – this has already been initiated

- Allocate time and effort on review of progress based on monthly routine data at all levels
- Document feedback provided during field visits and issues on activity implementation on monthly basis using feedback form and project issue log – this is already in place
- Translate outcome and impact level indicators into Nepali – this is in process
- Set quarterly targets based on annual targets and compare the monthly progress with quarterly targets – this will begin in year three

In year three, Suaahara will continue with DQA activities and share outcomes with USAID.

MANAGEMENT

HUMAN RESOURCES

Mr. Peter Oylo joined Suaahara as Chief of Party, a key personnel position, in June 2013. Mr. Oylo brings seven years of USAID project management experience and a background in marketing and communication, leadership development and monitoring and evaluation. Dr. Kirk Dearden resigned from his position as Deputy Chief of Party in June 2013.

Suaahara made organizational changes in June and July in order to streamline program operations. Ms. Pooja Pandey was moved into the role of Deputy Chief of Party, Programs as of July 1, 2013. Ms. Pandey will have responsibility for overall program implementation and report to the Chief of Party. Suaahara created the position of Senior Technical Advisor for which it is currently hiring. Suaahara also reorganized some of the other programmatic positions given the importance of these positions within the project: The SBCC Manager, HSP Manager and Senior M&E Manager now report directly to the Chief of Party. The cluster-level staffing structure was slightly modified to include Health Services Promotion Coordinators, Social Mobilization and Communication Officer and Agriculture Officer were placed in all cluster offices.

In addition to the above key personnel positions and organizational structure changes, Suaahara added new positions to bring specific expertise to the project: Outreach Documentation Specialist (hiring process underway), WASH Manager (reference check underway), Program Support Officer (hired), and Data Management Officer (hired).

Suaahara initiated its internship program during the reporting period. Using a competitive selection process, Suaahara placed nine interns (five males; four females) for a period of one year. These interns are placed in cluster and district offices and will work closely with counterparts to both contribute to Suaahara as well as learn through their experience.

FINANCE

The preliminary expenditure report for this period (ending July 31, 2013 covering 23 months) is:

BUDGET ELEMENTS	EXPENDITURES (\$)
Personnel, fringe benefits and allowances	1,618,383
Travel and per diem/Supplies and equipment	357,211
Contractual and other direct costs	8,332,323
Sub agreements and program costs	913,290
Indirect charges	913,290
Total USAID contribution	11,539,114
Cost share	947,260
Total Program Expenditures	12,486,374

The current USAID obligated amount is \$19,812,032; Suaahara has spent \$11,539,114 with 58.24% against the obligated amount. However, total program expenditures including cost share is US\$ 12,486,374.

Over the past two quarters, expenditures have been increasing. Comparing quarter two to quarter three expenditures increased by 30.75% (quarter 2, \$2,172,501 and quarter 3 \$2,840,630). In July 2013, expenditures were approximately \$1,037,789. This increasing trend is due to the accelerated implementation plan, with a significant portion of expenditures being used for agriculture inputs (e.g., seeds and poultry). Suaahara anticipates this trend to continue as we move forward into year three.

CHALLENGES AND OPPORTUNITIES

In year two, the project faced the following programmatic challenges:

- Convergence of nutrition sensitive and specific interventions in district/VDC level planning:** While Suaahara has facilitated good coordination among health and non-health sectors, nutrition has not been a priority for non-health sectors. Nutrition objectives have been diluted during absorption into maternal and child health, poverty reduction, and food security programming. As a result, continuous and creative advocacy, education and communication are required at the district and VDC-level to drive integration.
- Beneficiary Reach:** During year two, Suaahara relied heavily on the use of established community-level groups in order to quickly establish a broad reach with program activities. While this has been very important during the introductory phase of program implementation, group interactions may not be sufficient in order bring about the desired behavior change required to achieve Suaahara objectives. Suaahara has already initiated increased interpersonal communication activities through home visits by Field Supervisors. These types of visits are particularly important for disadvantaged households and those that do not attend group meetings. In addition, Suaahara will explore the use of peer educators in year three.
- Low levels of hand washing at critical times and disposal of child feces (from LQAS study findings):** The initial results from the LQAS studies revealed low levels hand washing at critical times and disposal of child feces. More focus is needed on scaling up and improving the coverage of hygiene and sanitation promotion by integrating it more fully into other project activities. Suaahara will continue to monitor these key indicators through the annual LQAS studies.
- Rolling out of PDQ and HTSP training:** Following the approvals of the PDQ and HTSP training manuals, Suaahara rapidly initiated preparing master trainers (Government health workers) and arranging logistics for district-level trainings. However, the availability of the master trainers to conduct the trainings became an issue, resulting in progress for both of these activities being stalled. Suaahara is exploring alternative mechanisms, possibly through national NGOs, in order ensure trainer availability and rapidly roll out these activities.
- Logistical challenges of chick distribution:** Chicks logistics in the back yard poultry program has been a challenging task because it is a live commodity. A back up-contingency plan has been developed that includes rescheduling the distribution plan, additional production of chicks, counting mortality rate during brooding and transportation, brooding the chicks at district level (if necessary due to outbreaks of diseases), exploration and shifting parent stock hatcheries, outsourcing technical experts from regions/district for inspection during brooding/transportation, development of health certificates of flock from authentic source and exploration of potential vendor/supplier of chicks during emergency.

- **Monitoring of key HFP interventions:** Intensive monitoring and supervision is needed for key HFP interventions like monitoring building chicken coops and fenced in areas around coops in each household, germination of seeds and growing status in each household garden. This type of monitoring is resource intensive, both in terms of financial cost and personnel time. Suaahara is considering using a participatory monitoring through 1,000 days mothers groups to make each chick and seed recipient household accountable for practicing improved HFP actions.
- **Window of opportunity for agriculture interventions:** To achieve nutrition outcomes through agriculture interventions, the age bar is critical within each child's 1,000 days window. Seed and chicks support to the household having a 22-month old child will not be able to address the window of opportunity, because agriculture interventions require at least a six to nine month timeframe for demonstrating outcomes.

NEXT STEPS

In year three, Suaahara will expand activities into an additional five districts, selected in coordination with USAID, with focused interventions tailored to each district. In addition, Suaahara will place priority on the below areas.

INTEGRATED NUTRITION

- Focus on interpersonal communication activities at the community level to increase reach and frequency of contact with beneficiaries. For this purpose, Suaahara will prepare volunteer peer educators in disadvantaged and hard to reach areas.
- Ensure quality of program activities by increasing field movement from all levels and ensuring conceptual clarity to field staff prior to implementing new activities.
- Leverage different contact points such as health facilities (during antenatal care and postnatal visits), traditional healers' homes and outreach clinics to increase coverage of 1,000 days women and household members with optimal maternal, infant and young child nutrition messages and counseling for behavior change.
- Revise nutrition components in District Disaster Preparedness Plan of all 20 districts and develop 20 VDC Disaster Preparedness Plans. Although the district level plan and five VDC-level plans should have been initiated in year two, this activity could not be implemented due to the high volume of other foundational program activities.

HYGIENE AND SANITATION PROMOTION

- Address hygiene and sanitation issues discovered through LQAS studies and create opportunities for further integration of promotional efforts into other Suaahara intervention areas.
- Develop concrete post-ODF strategies to ensure post ODF indicators (e.g., use of latrine and safe disposal of child feces, hand washing, safe drinking water, food hygiene) are sustained in close collaboration with VDC stakeholders.
- Provide water and sanitation inputs for disadvantaged households in close coordination with VDC-level stakeholders.
- Promote the use of mats for children to create a barrier from potential causative agents of environment enteropathy, which can potentially have severe consequences early in life.

HEALTH SERVICE PROMOTION

- Roll out program activities that address nutrition during and after illness and utilization of maternal and child health services including family planning
- Train newly recruited health workers on revised IMCI package and conduct refresher training for health workers and FCHVs on revised IMCI package.
- Conduct FP/HTSP district TOT in 11 remaining districts, conduct 3 days orientation on FP/HTSP to all services providers of Suaahara districts (120 batches in 11 districts) and hold review meetings of HTSP orientation annually.
- Establish alternative mechanism for rapidly implementing the PDQ activity in selected health facilities, possibly using a national NGO as a training institution. Continue to support HFOMCs through follow up meetings over the course of year three. In addition, host a review meeting with Government officials on the progress the PDQ implementation process, in close coordination with NHTC.

HOMESTEAD FOOD PRODUCTION

- Provide follow up, supportive supervision and monitoring households gardens and back yard poultry based on defined quality standards.
- Enhance capacity of 1,000 days mothers group to conduct monthly meeting on a regular basis as a effective contact point of mothers to discuss on issues/challenges during practicing improved HFP actions for sustainability and also on proposed solutions/measures. Consider using mothers group members as peer monitors for homestead gardens and backyard poultry.
- Develop of village model farms as a resource and service centers for reaching new and disadvantaged 1,000 days households.
- Work with the District Livestock Services offices to establish village campaigns – three to four times per year – for vaccination against Newcastle disease along with deworming for all poultry in the district.

GESI

- Develop guidelines for working with and involving men and parents-in-law to create a supportive household environment for 1,000 days mothers. Continue engaging disadvantaged groups through community volunteers supported by the Local NGOs and existing local community structures.
- Develop GESI enhancement and integration materials (e.g., tool kits, action cards and other promotional materials) to be used by community-level staff when engaging 1,000 days households.
- Conduct qualitative reviews of program activities from a GESI perspective and incorporate learning in further program planning and implementation.

M&E

M&E priorities for year three include the following:

- Monitor program implementation quality by setting quality standards and developing monitoring checklists.
- Develop program impact pathways and use existing research to monitor progress.

- Undertake program fidelity assessment, particularly relating to the training cascade approach, to inform program plans to address gaps in implementation.
- M&E capacity building on areas such as data management and analysis, report writing and documentation and using data for decision-making.
- Finalize project database and pilot it in western cluster. Following the pilot initiative, scale the database up to all districts.

SBCC

- Implement unifying theme campaign across all Suaahara districts.
- Broadcast interactive radio program and call-in show in three languages across all Suaahara districts. Conduct Phase-II Radio design document workshop, design and produce Phase-II 26 episode radio program.
- Air radio jingles on key behaviors through local FMs.
- Conduct an annual media appreciation program at the end of year three at the district level to recognize journalists and media houses for excellence in reporting on integrated nutrition issues.
- Produce case studies that showcase the achievements and stories of the Suaahara project for dissemination through a variety of media channels.
- Design a public-private partnership strategy and initiate implementation.

ANNEXES

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ANNEX 1: ACHIEVEMENT AGAINST YEAR TWO WORKPLAN, AUGUST 1, 2012 – JULY 31, 2013

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Intermediate Result 1: Household Health and Nutrition Behaviors are improved				
Output 1.1 Households Adopt Essential Nutrition Actions/ Essential Hygiene Actions				
Organize 6 days ENA/Essential hygiene actions (EHA) and SBCC training for health workers of PHC, HP, SHP, Local NGO team and non health sector participants	5,519 persons	5,668	103%	
Organize VDC-level orientation program on Suaahara program with community stakeholders (in all VDCs using DDC structure)	28,650 persons	33,848	118%	Number of participants per VDC increased from 30 to 35
Organize 5 days integrated ENA training for FCHVs and key non-health sector staff	14,642 persons	16,530	113%	Participation from non-health sectors increased
Organize 2 days integrated ENA training for mothers' group members and key household decision makers	232,466 persons	262,567	113%	Increase in participation from key decision makers (e.g., fathers, grandmothers)
Output 1.2 Households Adopt Essential Hygiene Actions				
Organize district level workshop with members of D-WASH CC for identification of VDCs for ODF program	500 participants	772	154%	Due to demand from districts, increase in year 2 target for ODF VDCs from 40 VDCs to 68 VDCs
Organize a strategic planning meeting with V-WASH CC for developing WASH program in selected 40 VDCs	40 VDCs	51 VDCs	128%	Due to demand from districts, meetings were organized in more than 40 VDCs (Year 2 target)

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Conduct 5 days TOT on hygiene and sanitation promotion to Local NGOs staff (Field Supervisors and Field Coordinator)	409 staff of Local NGOs	455	111%	ENA officers also participated in this training in addition to 409 Local NGO staff (389 FS and 20 FCs)
Conduct 2 days capacity building training on management of hygiene and sanitation program for members of V-WASH CC	1,200 participants from 40 VDCs	1,701	142%	The number of V-WASH CC members varies by VDC. In some cases, there were higher numbers of members requiring training than originally projected.
Organize 4 days and 2 days training program on hygiene and sanitation for Community Hygiene and Sanitation Facilitator (CHSF) and Child club members in 40 VDCs respectively	360 CHSFs and 3,960 child club members in 40 VDCs	570 CHSFs	158%	Activities were scaled up in more than 40 VDCs (Year 2 Target). CHSFs per VDC were also increased from 9 to 11.
		5,324 Child Club Member	134%	Increase in the number of child club members requiring training
Conduct 3 days sanitation mason training using standardized sanitation tools	360 wards of 40 VDCs	47 VDCs	118%	Activities were scaled up in 7 additional VDCs
Conduct TOT on CLTS for members D-WASH-CC	25	29 D-WASH CC members	116%	As per the request of Rupandehi D-WASH CC, four additional members participated.
Intermediate Result 2: Women and children increase use of quality nutrition and health services				
Output 2.1: Improved capacity of service providers to provide counseling on nutrition and maternal & child health services				
Organize start up meeting with DDC and District Health Office (DHO) at district level on health service promotion activities	1 time in 20 districts	20 districts	100%	
Design and develop job aids for health workers to enhance integrated nutrition counseling during the service delivery (e.g., FP/MCH, ANC, PNC)	1 time (update if needed)	Completed	100%	
Output 2.2: Improved quality of health service delivery in partnership with the health facility and community.				

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Conduct 5 days TOT on PDQ using integrated nutrition package	216 participants of 12 districts	211 participants of 10 districts	98%	
Conduct 4 days training on PDQ with involvement of HFMO in low performing health facilities	112 health facilities in 12 district (25*112HF =2,800 persons)	1,203 persons in 39 health facilities	43%	Targets not met due to the delay in endorsement of PDQ manual by NHTC. As the trainers are health workers, implementation of the training was dependent on their availability, which was often limited and difficult to arrange.
Organize a meeting with VDC or ward citizen forum to link HFOMCs with VDC Council for resource generation.	112 health facilities			Will be initiated from September 2013.
Support in revision/development of CB-IMCI protocols to emphasize on nutrition component in coordination with CHD	1 time	Completed		
Monitor key commodities related with maternal, CB-IMCI, FP, Nutrition at health facilities (condoms, oral contraceptive pills, depo provera, IUD, Norplant, vitamin A, cotrim, ORS, zinc and iron)	Regular	Regular		Completed by Field Supervisors and district team during regular field visits.
Conduct training for health workers on revised CB-IMCI package (7 days-basic training)	25 health workers			Tentative plan for September -7, 2013
Conduct training for health workers on revised community-based integrated management of childhood illness (CB-IMCI) package (3 days refresher training)	190 health workers			Tentative plan from September 11-14, 2013 (1 st batch)
Output 2.3: Increased accessibility of nutrition and related health services including excluded communities.				
Conduct Master TOT on PDQ to the district supervisors and Suaahara team	1 time, 22 participants	25 participants	114%	
Revise/develop PDQ training package in coordination with NHTC	1 time	Completed		

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Conduct follow up (1 day) workshop with HFOMC every 6 months	112 health facilities of 12 districts			
Support to DDC/DHO team in regularize the HFOMC monthly meeting	Every month			
DHO/DDC conduct periodic joint supervision to monitor the status of HFOMC	Every 3 months			
Revise/develop PHC/ORC training manual to enhance integrated nutrition services in coordination with FHD	1 time	Completed		
Orientation to low performing PHC/ORC or HFOMC committee members to strengthen FP/MCH, nutrition services	77 VDCs (20*77=1,540)			
Interaction with community leaders, teachers, traditional healers, influential persons to strengthen ORC service utilization 1 day interaction.	77 VDCs (30*77=2310 members)			
Support HFOMCs to improve integrated nutrition services (GMP, FP, IMCI) through health facilities and PHC/ORC to provide essential equipment and materials	112 HF			
Output 2.4: Improved healthy timing and spacing of pregnancy (HTSP) with focus on marginalized unreachable women				
Conduct MTOT on FP/ HTSP in coordination with FHD	22 participants	22 participants	100%	
Conduct District TOT on FP/ HTSP to district supervisors	1 time, 108 participants	112 Participants in 5 districts	104%	This activity will be completed by September 2013. As requested by FHD, the number of participants in the district TOT was increased from 12 to 18 per batch.

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Conduct 3 days training on HTSP/ FP to all service providers	1,567 service providers	Initiated and ongoing activity		This activity will be completed by September 2013.
Monitor nutrition counseling provided by health workers during service delivery of FP/HTSP	On regular basis			This activity will be done after the completion of HTSP training.
Conduct orientation on FP compliance at district level to all Suaahara and Local NGO members	423 persons	481	114%	Due to the recruitment of new staffs in the district level, the number of participants has increased.
Conduct orientation on FP compliance for service providers at all level during regular district level review meetings/workshop	1,567 service providers of 79 health facilities	112 service providers	7%	This activity is on progress and will be completed by end of September 2013.
Organize 3 day district level workshop on use/pilot of PQI/SBMR tools including MNCH-N QI tools to HF in charge at Ilaka level	15 health facilities	15 HFs	100%	
Support DHO/District Public Health Office in facilitating district level review meetings such as RHCC, quarterly review meeting	20 districts	Regular		
Intermediate Result 3: Women and their families increase their consumption of diverse and nutritious food				
3.1 Increased access to locally-produced nutrient-dense and fortified foods				

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Conduct HFP foundation training (DTOT)	350 participants	343	98%	
Select household beneficiaries for HFP intervention	40,000 households	39,105	98%	
Conduct basic HFP training for mothers group members and their household members	40,000+30,000 (Beneficiaries+family members)	41,340 beneficiaries	103%	Male participation in the household level training was not as expected – possibly due to migration.
		20,304 family members	68%	
Provide composite seed packs to mothers group members	65,000 seed packs to 6,500 households	62,263 seed packs	96%	
		41,340 households		
Provide chicks of improved breeds of poultry	60,000 chicks to 12,000 households	47,695 chicks	79%	The target of 60,000 chicks distribution was set for period from October 2012 to September 2013. As per schedule, 7,000 chicks will be distributed in Dolakha, Sankhuwasabha by end of September
		9,539 households	79%	
Conduct situation analysis in transhuman practice to explore promotion nutrient-dense foods	2 districts	2 districts	100%	
Conduct participatory assessment for innovations in poultry raising	1 district	1 district (Taplejung)		Completed
Hold consultative meeting on local poultry for HFP	1 event	1 event (Kathmandu)		Completed
Establish School Homestead Food Production Garden	10 schools			Delayed due to finalization and endorsement of School Nutrition Garden concept by MOHP through School Health and Nutrition Network
Conduct food processing and preservation training	20	24 participants		Completed in Mustang

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
	participants			
Conduct scoping feasibility for solar dryer support	20 participants in one district	Completed		Feasibility study completed in Mustang
Organize HFP M-TOT for non HFP intensive districts	30 participants	26 participants		Completed
VDC and ward selection for HFP Intervention 5 Non HFP intensive districts		Ongoing		Completed in Rupandehi
Intermediate Result 4: Coordination on nutrition between government and other actors is improved				
Output 4.1: Regional and district mechanisms in place				
Participate in NPC-led HLNFSMC meetings	Regular	Regular		Suaahara is regularly attending the quarterly HLNFSMC meetings
Participate in DoHS-led technical committee meetings (FP, FCHV, IMCI, NUTECH)	Regular	Regular		
Participate in National Advisory meetings organized by MoUD, MOAD, MoFALD	Regular	Regular		Suaahara organized the meeting on June 2013.
Lead and organize NNG meeting with nutrition stakeholders	Regular	Regular		NNG meeting is going regularly every 6-8 weeks
Lead and organize technical update meetings with stakeholders	Quarterly	Regular		Technical update meeting is combined with NNG meeting
Organize regional level coordination meetings	Quarterly	3		Includes Regional Health review (4) + NPC led regional level Multi-sectoral Nutrition Committee Meeting in 2 region (FW & W)

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Formation of Multi-Sectoral Coordination Committees (MSCC) at DDC and VDC level using the NPC guidelines in the all program districts	20 Districts	18 districts	90%	Parbat and Bhojpur in process
		152 VDC level MSCC formed		VDC level multi-sectoral coordination committee formation is ongoing
Organize district level multi-sectoral nutrition coordination committee meeting (chaired by DDC and co-chaired by DHO)	Every 3 months	14		Ongoing
Organize VDC level multi-sectoral nutrition coordination committee meeting	Every 6 months	3		Formation of VDC level multi-sectoral coordination committee is progressing in all 20 districts
Organize annual review and planning meeting for Suaahara	1 time	Completed		Completed in all 20 districts
Participate in various district level meetings to advocate for integrated nutrition issues	Regular	25		Ongoing
Facilitate monitoring and supervision of project activities by Health and non health sectors officials	Every 6 months	102		Regular
Community Mobilization				
Conduct disadvantaged group mapping and institutionalize these groups' profiles at VDC level.	976 VDCs of 20 districts	936 VDCs and 2 municipalities of 20 districts		Report writing is on-progress
Identify 1,000 days mother (including Homestead Food Production Beneficiaries)	1 time	131,915 (1000 days mothers identified)		

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
		40,170 (HFP beneficiaries identified)		
With Local NGOs and communities, develop a mobilization plan (community-specific goals and objectives, behavior change strategies and micro planning) that fully represents disadvantaged groups	Regular			Ongoing
At VDC level, plan WASH activities as specified under intermediate result 1.2				Refer to intermediate result 1.2 above.
Conduct CLTS as specified under IRI.2, with a particular focus on disadvantaged groups	1 time	49 trainings conducted with 1,359 participants		
Select Community and Hygiene Sanitation Facilitators for community mobilization activities	40 Facilitators	95	238%	Because of the geographical conditions and high population density, some VDCs required two or three facilitators. Therefore the number of facilitators increased.
Conduct triggering activities for WASH in 40 VDCs	360 wards	292 wards	81%	In some cases, two adjoining wards were combined to conduct triggering activities.
Support V-WASH CCs to monitor ODF	Regular	34 monitoring visits and 23 support event conducted		Ongoing
Work with communities to lobby for VDC block grants esp. for WASH and agriculture	Regular	Ongoing		Twelve VDCs (Bajura, Rasuwa, Sankhuwasava) have allocated VDC Block grants in the amount of NPR 676,000 (USD \$ 6,760) for nutrition sensitive interventions.
Establish a model sanitation package for demonstration (drying rack, baby pot, garbage pit, bucket with tap, nail cutter, kitchen garden and latrine)	40 Models	15 Models		This activity is ongoing in year 3 in remaining ODF VDCs
Organize interaction program/ field visit with local media person to publish issues of water, hygiene and sanitation at the community level in OFD VDCs within/at adjoining districts	1 time	12 interaction field visits, 9 article published & 23 broadcasted		Ongoing

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Initiate Innovative approaches for community mobilization including different day celebrations	Regular	141,877 people reached with day celebrations		Ongoing
Develop interactive tools for inter-personal communication at household level	Regular	Completed		
Finalize GESI strategy	1	Completed		
Coordinate with GESI units of NPC/MOHP/MOLD/MOAD and departments and other relevant GESI networks & implementing agencies	4	5		Initiated coordination among other USAID funded projects (KISAN, Sajedari, H4L, Hariyo Ban)
Team coordination and support (M&E, SBCC, Health, Nutrition, Agriculture, WASH and Capacity Building teams) for GESI integration	Ongoing, as per need			Ongoing , Developed GESI integration program tool/monitoring checklist to support this activity
Finalize Implementation Guideline for local nutrition governance with MOFALD	1 time	Completed		
Collaborate with MOFALD to develop guideline to integrate nutrition in existing Reflect session for CAC members	1 time	Completed		
Organize Reflect session on importance of nutrition for CAC members for advocacy to share the block grants of VDCs	1 time in 75 VDCs			Delayed due to MoFALD's endorsement. Will begin from October 2013.
Design strategy for Trials of Improved Practices (TIPs) to be used for health, agriculture, nutrition, WASH and GESI	One time			Initiated and discussion with field staff ongoing
Develop and test tools for TIPs	One time			
Train field supervisors, interns and others in the use of TIPs	Regular			

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Identify existing GoN and NGO groups as platforms for inter-personal communication	Regular			
Conduct community-level training for health workers, FCHVs, mothers' groups on inter-personal communication strategies (especially GALIDRAA) as specified under intermediate result 1.1	Regular, as per need			Ongoing
Identify peer educators including from existing MIYCF support groups	One time & then as per need			Concept paper finalized, discussions held with CHD and will be implemented from year 3
Hold regular MIYCF Support group meeting with program beneficiaries and their family members	Regular	1,334 Meetings conducted, 21,677 mothers and 12493 family members participated		
Use action cards during home visits and in groups to resolve barriers and commit to action	On monthly basis	2,584		Ongoing
Develop tools and checklists to help social mobilizers, FCHVs, peer educators and others 1) target disadvantaged groups and 2) commit families to practicing optimal behaviors then following up to make sure they have been able to do so	Regular, as per need			Regular
Organize counseling sessions by Field Supervisors using GALIDRAA method during home visits and group sessions	On monthly basis	1,903		Ongoing and priority for year 3
Develop job aids for Health workers to discuss on hand washing with family members	Regular, as per need			Will be implemented from Year 3

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Develop and implement a system for carrying out routine quality checks to make sure outreach workers understand barriers to behavior change among all groups and to commit families to action	Regular, as per need			Quality standards for activities and monitoring checklists are developed and its implementation is priority for year 3.
Provide ongoing support to mothers' groups as well as other groups by field supervisors	Regular	2,171 mother's group visited by FS		Ongoing
Media				
Develop, test and localize Radio spots, Local Campaign and other materials	Regular	7 radio spots (in Nepali)		14 radio spots (7 in Awadhi, 7 in Doteli) are being finalized. Will start airing from September.
Write, produce Radio Program	26 episodes	2		Scripts written, in process of being reviewed. Two episodes in three languages being readied for pretesting in September. Production of episodes continues into year 3
Develop and implement Media advocacy plan	1 plan (5 events)	17		Cluster level events planned but adjusted to conduct district level events as these were discussed to be more relevant, effective than just cluster level events. 3 events remaining in Solukhumbu, Parbat, Darchula. Will take place in September. Darchula, Solukhumbu had access problems due to disaster and geography while Parbat has new DC and FC and needed time to orient to Suaahara.
Adapt, produce, promote and air Radio Magazine plus develop, implement and monitor community listener discussion groups	Regular			In process. Design document endorsed by NHEICC. NHEICC led script review and has endorsed the first two scripts. Pretesting in process for September. Changes in strategy to implement listener groups through CAC rather than MIYCF have delayed the RLG selection process.

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Develop a monitoring framework for SBCC	1 time(Update Regularly)			Ongoing
Radio Listening groups linked with MIYCF support groups	On the regular basis	Ongoing		247 CAC groups planned as listening groups. Delayed due to change in strategy to use CAC as MIYCF groups meet only monthly while CAC can be used fortnightly.
Management				
Organize Suaahara district team meeting	Every month	162 times		Ongoing
Organize Suaahara cluster team meeting	Every month	11 times		Ongoing
Organize Local NGO team meeting	Every month	176 times		Ongoing
Conduct work plan review meetings with district and Local NGO team	Every 3 months	65 times review/reflection meetings conducted		Ongoing
Organize social mobilization training to Local NGO staffs (Align with Monthly meeting)	Every month	14 orientation conducted		Orientations have been conducted however formal 5 days training on social mobilization will be conducted in year 3
Monitoring and Evaluation				
Final Baseline report and dissemination of findings	1 time	Completed		Completed
Roll out tools and templates in clusters and districts	1 time	426		Conducted in 3 clusters and 19 districts
Pilot database in one cluster	1 time	In progress		Development of database is in progress and will be piloted in western cluster
Roll out database in other clusters	4 times	Not started		Priority for year 3

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
Hire resource person for GIS, install and train relevant <i>Suaahara</i> staff	1 time	partially achieved		Sr. M&E Coordinator trained in QGIS, who further oriented M&E coordinators. Newly recruited Data Management Officer has GIS skills.
Conduct data quality audit in 8 districts	1 time/district	3 clusters & 2 districts		DQA has been initiated. Cluster level data audit is done and 2 districts completed
Undertake quarterly on site data verification	Quarterly			Quarterly data verification by cluster could not be strictly followed. However regular data verification is a priority for year 3.
Monitor <i>Suaahara</i> indicators through LQAS	Regular	9 districts		LQAS completed in 11 districts.
Program strategy documentation	Regular			yet to start
Develop process evaluation framework and tools	1 time			Ongoing
Pilot process monitoring data collection using Smart Phones	1 time	2 districts		Pilot is ongoing
M&E Review workshops for cluster and district team (including Local NGOs)	3 cluster			Activity carried over for year 3
Hold Semi-annual M&E meeting to review program progress	4 clusters	2		Completed
Finance and Operations				
Conduct annual Inventory Physical Verification	KTM, cluster offices, district offices	1+3+20		Completed annual inventory physical verification in Kathmandu, 3-Cluster Offices, 20 District Offices
Implement Internship Program	5 placements in cluster and district	1st Group: 9 placements		Cluster offices: Kathmandu, Pokhara, Biratnagar/ District offices: Nawalparasi, Lamjung, Parbat, Sankhuwasabha, Bhojpur, Taplejung

PLANNED ACTIVITIES	TARGET	ACHIEVEMENT	% ACHIEVED	JUSTIFICATION ON VARIANCE
	offices			
Hold Installation & Training on FAMAS Accounting Software	Local NGOs, NGO partners	6		Installation completed in all districts officers. Training completed in all districts and Local NGOs
Organize training on USAID Compliance/Rules & Regulations	20 Local NGOs - Board members, program and finance staff	4		Completed at cluster level
Conduct Refresher Training on USAID Compliance and Sharing of Recurring Audit Findings	7 implementing partners			Refresher training is carry over for year 3 but audit finding is already shared
Organize Training on Budgeting & Basic Financial Management to Non-Finance Managers	Managers, Sr. Coordinators, Coordinators			Carry over to third year.
Institutionalize Monthly Finance Meetings for consortium partners	Finance staff of all implementing partners			Ongoing regularly
Conduct Internal Audit of Implementing Partners and Local NGOs	Implementing partners and Local NGOs			Audit of the remaining partners are ongoing

ANNEX 2: SUAAHARA PERFORMANCE MEASUREMENT PLAN TABLE, AUGUST 1, 2012-JULY 31, 2013

PERFORMANCE INDICATOR	BASELINE ¹ 2012	2013 TARGET ²	2013 ACHIEVEMENT	NOTES
INTERMEDIATE RESULT 1: Household health and nutrition behaviors improved				
Output 1.1: Households adopt Essential Nutrition Actions (ENA) including Infant and Young Child Feeding (YCF)				
% of children 6-23 months of age receiving foods from ≥ 4 food groups during the previous day	47.1 %	60% ³	52.4 % (Source: LQAS 2013)	
Minimum meal frequency among children 6-23 months	69.7 %	79.0% ²	78.9 % (LQAS 2013)	
Prevalence of children 6-23 months receiving minimum acceptable diet	36 %	25.0% ²	43.6 % (LQAS 2013)	
% of under 6 months old children exclusively breast fed	46 %	76 % ²	66.9 % (LQAS 2013)	
# of children 6-59 months who received Vitamin A from USG supported program (Mandatory).	N/A	Suaahara: 416,957	317,016	Data are from 19 Suaahara districts
% of children 6-23 months of age who consumed iron-rich animal-source foods during previous 24 hours.	14.7 %	35.0% ³	19.4 %	
% of sick children 6-23 months of age fed more after	14.6	30.0% ³	18.7 %	During diarrhea.

¹ Baseline results are presented for the sake of background information. This cannot be directly compared with LQAS results given the differences in the purpose and methodologies.

² Year 2 targets are based on NDHS, 2011. These targets will be revised based on LQAS results in year two.

³ End of project target. Annual targets will be set based on annual LQAS results from year two.

PERFORMANCE INDICATOR	BASELINE ¹ 2012	2013 TARGET ²	2013 ACHIEVEMENT	NOTES
their illness	(during diarrhea)		(LQAS 2013)	
Mean dietary diversity of women of reproductive age.	3.9 food groups	≥4 food groups	3.7 food groups (LQAS 2013)	Data not available in NDHS report. The target is for EOP.
Number of children under five years reached by USG supported nutrition programs	N/A	159,729	408,516	To avoid double counting of children, two broad age categories were considered: 0-5 months (their mothers attending WLI) and 6-59 months (receiving Vitamin A) Please see estimates below ⁴
Output 1.2: Households adopt Essential Hygiene Actions (EHA)				
% of children under five years who had diarrhea in the prior two weeks.	12.5	10% ³	22.4 % (LQAS 2013)	Per Suaahara target group, children under 2 years were surveyed in LQAS.
% of mothers who dispose of their youngest child's fecal matter safely	30.6 %	45.6% ³	45.3 % (LQAS 2013)	

⁴ An estimated 80% of mothers of children below six months attended WLI (40,074). A total of 278,304 children between 6 and 59 months received Vitamin A supplementation.

PERFORMANCE INDICATOR	BASELINE ¹ 2012	2013 TARGET ²	2013 ACHIEVEMENT	NOTES
Percent of HHs using an improved sanitation facility	67.8 %	42% ²	75.9 % (LQAS 2013)	Data for baseline and LQAS are for HHs with toilets only.
Percent of population in target areas practicing open defecation	32.2	36% ²	22 % (Source: LQAS 2013)	
Number of communities (VDCs) certified as 'open defecation free' as a result of USG assistance.	N/A	8	20 (Source: Project records)	
% of child caregivers and food preparers with appropriate hand washing behavior	18 %	45.0% ³	22.2 % (Source: LQAS 2013)	
% of HHs with soap and water at hand washing station commonly used by family members	49 %	50% ²	49.7 % (LQAS 2013)	
Percent of HHs using an improved drinking water source	89 %	89% ²	84.9 % (LQAS 2013)	
INTERMEDIATE RESULT 2: Women and children increase their use of quality nutrition and health services				
Output 2.1 Improved capacity of service providers to provide counseling and services on nutrition and related maternal and child health services				
Number of people trained in maternal/newborn health through USG supported programs (Mandatory)	N/A	803	82 (Source: Suaahara Training records)	This training includes FP/HTSP and MNCH-N tools in one district.

PERFORMANCE INDICATOR	BASELINE ¹ 2012	2013 TARGET ²	2013 ACHIEVEMENT	NOTES
Number of people trained in child health and nutrition (Mandatory)	N/A	250,272	284,765 (Source: Training records)	This includes figures for VLT, CLT and WLI in 20 districts.
% of health workers with improved knowledge in counseling and related MCH services as a result of the trainings	N/A	80% ³	86 % (Source: Training pre and post test records)	This data comes from FP/HTSP training for health workers in 3 districts.
% of service providers providing adequate nutrition counseling.	N/A	50.0%	37.5 % of the mother who were counseled received complete messages on AFATVAH. (Source: LQAS 2013)	This was assessed based on mother's recall of messages on prompt questions.
Output 2.2: Improved quality of health service delivery in partnership with the health facilities and community				
Percent of USG assisted service delivery points that experience a stock out of key MCH commodities at any time during the defined reporting period of specific tracer drugs that the SDP is expected to provide.	N/A	Suaahara target < 15 %	<u>Stock out status:</u> Overall: 19.8% of SDPs Zinc: 3.8% of SDPs ORS: 3.4% of SDPs Cotrim: 19.8% of SDPs	Source: LMIS data (3 rd quarter, 2069/2070)
Percent of clients satisfied with care received from service providers	N/A	Target: 70%	N/A	Since PDQ has been rolled out in year 2, this indicator will be reported from year 3 onwards

PERFORMANCE INDICATOR	BASELINE ¹ 2012	2013 TARGET ²	2013 ACHIEVEMENT	NOTES
Number of HFOMCs who have been engaged in a QI process	N/A	EOP Target: 200 HFOMCs	39 HFOMCs (Source: Project records)	
Number of HFOMCs who have addressed at least two issues related to quality each year.	N/A	Target: 125	N/A	Since PDQ has been rolled out in year 2, this indicator will be reported from year 3 onwards
Output 2.3: Improved access to nutrition and related maternal and child health services, particularly, among excluded communities				
% of pregnant women who receive at least 4 ANC visits	63 %	57% ²	67 % (Source: LQAS 2013)	
% of post partum women and newborns who receive at least 3 postpartum/postnatal visits.	16.7 %	30.% ³	17.4 % (Source: LQAS 2013)	
% of children with diarrhea in the last 2 weeks treated with ORS and Zinc	9 %	20% ³	8.8 % (Source: LQAS 2013)	
Percent of newborns receiving post natal health check within 2 days of birth	49.1 %	32% ²	55.5 % (Source: LQAS 2013)	
Percent of children under five years old with diarrhea treated with oral rehydration therapy (ORT)	34.9 %	52% ²	29.4 % (Source: LQAS 2013)	Per Suaahara target group, women with a child below 2 years were surveyed in LQAS
Percent of children with pneumonia taken to appropriate care.	N/A	52% ²	78 % (Source: LQAS 2013)	

PERFORMANCE INDICATOR	BASELINE ¹ 2012	2013 TARGET ²	2013 ACHIEVEMENT	NOTES
Percent of births attended by SBA	42.5 %	41% ²	61.7 % (Source: LQAS 2013)	
Output 2.4: Improved healthy timing and spacing for pregnancy with focus on marginalized and unreached women				
Number of additional USG assisted community health workers providing FP information and / or services during the year.	N/A	7,000	9,778	
Percent of USG assisted service delivery sites providing FP counseling and/or services.		43%	N/A	Will be able to report year 3 onwards, once district TOT and FP/HTSP are completed in 6 districts.
Number of people trained in FP/RH through USG supported programs (mandatory)		1,567	112 (Source: Project training records)	
% of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.	Ever received counseling on HTSP : 40.1 % Received all 3 key HTSP messages: 50.2 %	Target: 65% ³	Ever received counseling on HTSP : 45.3 % Received all 3 key HTSP messages: 65.5 % (Source: LQAS 2013)	Based on prompted recall of messages.
% of USG assisted service delivery points (SDPs) that experienced a stock out at any time during the defined reporting period of any contraceptive methods that the		Target for Suaahara: <15 %	4.3% (Source: LMIS, 3 rd quarter, 2069/2070)	These data are for Suaahara districts and account for oral

PERFORMANCE INDICATOR	BASELINE ¹ 2012	2013 TARGET ²	2013 ACHIEVEMENT	NOTES
SDP is expected to provide.				contraceptive pills, condoms and depo provera
Couple Years of Protection (CYP) in USG supported programs.		Target: 2,716	221,320 (Source: DOHS Annual Report, 2068/2069)	
INTERMEDIATE RESULT 3: Women and their families increase their consumption of diverse and nutritious food				
Output 3.1: Increased access to locally produced nutrient dense and fortified foods				
# and % of village model farmers (VMFs) and community brooding centers established	N/A	VMFs: 1,154	N/A	Will be able to report from year 3 onwards on VMF. Brooding centers are planned for year 4
Number of beneficiaries with access to home or community garden	N/A	265,500	195,525 (Source: Project records on home gardens)	These data are for home gardens from 9 districts. This activity for the remaining districts will be carried out in year 3.
Number of home or community gardens established	N/A	59,000	39,105 (Source: Project records on home garden)	This figure includes people who received training on home gardens and who received seeds. These are the initial activities to establish home gardens. Will be able to report on the home

PERFORMANCE INDICATOR	BASELINE ¹ 2012	2013 TARGET ²	2013 ACHIEVEMENT	NOTES
				gardens from year 3 onwards.
Number of people trained in HFP/Ag	N/A	60,350	61,644 (Source: Project training records)	
Mean # of MN rich vegetable cultivated by HH each year.	Per the AAMA baseline: 2.0	5.0 ³	2.36 (Source: LQAS 2013)	
Mean # of improved chickens owned per household	Per the AAMA baseline: 0	3.0	N/A	Will be able to report from year 3 onwards.
Number of chickens distributed		40,000	47,695 (Source: Project records)	
Total # of eggs produced per household	Per the AAMA baseline:<1.0	3.0	N/A	Since improved chicks are distributed in year 2, will report on this indicator Year 3 onwards.
Output 3.2: Increased knowledge of nutrition and locally available foods				
% of mothers and other caregivers able to recite correctly ENA messages on appropriate diversity	N/A	60%	60.1 % (Source: LQAS 2013)	
Output 3.3: Increased community resiliency to potential nutrition shocks				
% of VDCs trained in DRR with content of nutrient resiliency		60 VDCs	N/A	Process is underway. Results will be

PERFORMANCE INDICATOR	BASELINE ¹ 2012	2013 TARGET ²	2013 ACHIEVEMENT	NOTES
Number of VDCs developing disaster risk reduction preparedness plans (that include at least 5 of the core competencies for nutrient resiliency.		5	N/A	produced and reported in year 3.
# of small grants innovations made		12	N/A	
INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is strengthened				
Output 4.1: National mechanisms in place				
# of formal meetings held by HLNFSST technical advisory group (addressing nutrition/IYCF)		Twice every year	N/A	
Geographic expansion of Suaahara interventions beyond Suaahara districts		Expansion of manuals and other materials to World Bank and Feed the Future sites. Radio messages are for the 20 Suaahara districts but we expect listeners in other districts as well.	N/A	USAID's KISAN project is planning to use Suaahara materials in all of its districts (yet to be initiated); World Bank has stated that it will use Suaahara materials in its Agriculture and Food Security Project districts
Output 4.2: Regional and district mechanism in place				
District nutrition and food security committee established at district and regional levels in collaboration with National Planning Commission.	N/A	20 Suaahara districts	18 districts	

ANNEX 3: LISTING OF CONSULTANTS

NAMES	TITLE	PURPOSE OF VISIT	DATES
International			
Basil Safi	Asia Regional Director, Johns Hopkins University, Center for Communication Programs, US	Participate in Integrated Nutrition Framework Workshop	16-24 August, 2012
Tina Sanghvi	Chief of Party, Alive & Thrive, Bangladesh	Exchange of program activities	18-20 August, 2012
Rajiv Rimal	Johns Hopkins University, US	Participate in Integrated Nutrition Framework Workshop and Orientation and Training for Participatory Community Theater research team	27-28 August, 2012
John Stoekel	Asia Area Regional Health Advisor, Save the Children US, Bangkok	Design Suaahara process evaluation framework	1-6 October, 2013
Purnima Menon	Senior Research Fellow, International Food Policy and Research Institute (IFPRI)	Interviewing baseline survey interviewers	3-5 October, 2012
Kenda Cunningham	Independent Consultant for IFPRI	Interviewing baseline survey interviewers	3-5 October, 2012
Kenda Cunningham	Independent Consultant	Data analysis training for Suaahara baseline data	March 25 to April 4th 2013
Suneetha Kadilaya	Senior Research Fellow, IFPRI	NUTECH Baseline Dissemination	April 8 -9 , 2013
Caroline Jacoby	Johns Hopkins University, Center for Communication Programs US	Facilitate Radio Design Document workshop and attend review meeting	3-21 January, 2013
Kathryn Bertram	Johns Hopkins University, Center for Communication Programs US	Selection of a creative agency for flagship umbrella campaign	20-31 January, 2013
National			
Udev Man Maharjan	Consultant	PDQ training with involvement of HFOMC package development.	24 December 2012 – 28 February, 2013
Arjun Aryal	Consultant	PHC/ORC service strengthening orientation package development.	28 March 2013-15 May 2013
Ram Prasad	Consultant	Revise CB-IMCI basic and refresher training	10 Dec 2012

Bhandari		package development.	– 9 April 2013
Sandhya Limbu	Consultant	Support for development of orientation package on Strengthening Healthy Timing and Spacing through Family Planning.	16 Oct 2012-30 Nov 2012
Ms Bimala GC	Consultant	Support for Translation of English version of orientation package on Strengthening Healthy Timing and Spacing of Pregnancy and Nutrition through Counseling into Nepali.	1 st December 2012-15 December 2012
Narbahadur Budha	Consultant	Perform revision/review of exiting “Strengthening Healthy Timing and Spacing of pregnancy and Nutrition through counseling” package.	8 March 2013-18 April 2013
Udev Man Maharjan	Consultant	Perform Finalization of exiting “Strengthening Healthy Timing and Spacing Of Pregnancy and Nutrition through Counseling” Orientation package and also to perform finalization of Nepali version of MNCH-N QI tool.	15 June 2013-30 th August 2013
ShyamSundar Basnet	Consultant	Revision/review of existing Maternal Newborn Child Health and Nutrition (MNCH-N) Quality Improvement Tools	8 th Feb 2013-18 th March 2013
Sushma Joshi	Consultant	Facilitate the MNCH-N QI tools orientation and pilot testing in Dolakha District and finalize QI tool	8th Feb 2013-18th March 2013
Chandra Dhakal	Consultant	Conduct participatory assessment for innovations in poultry raising in Taplejung	18-28 December, 2012
Kanchan Raj Pandey	Consultant	Facilitate the study on transhumane effects on HFP in Manang and Mustang	21 September to 25 October, 2012
Dr. Surya Paudel	Veterinary Consultant	Support in quality inspection of Buddha Poultry Farm, Chitwan	15-20 March, 2013
Dr. Chandra Dhakal	Veterinary	Develop Standard Operating and Monitoring Procedures including BioSecurity Measures for Hatch Nepal (Poultry supplier), Jitpur phedi-Panchmane	July-Aug 2013
Mr. Puspa Rai	Technical Officer, DFTQC	Support in development of training content and facilitation of training on food processing and preservation (Drying Techniques) in Mustang	19-23 Aug, 2013
Mr. Shreemat Shrestha	Senior Scientist, NARC	Support in development of training content and facilitation of training on food processing and preservation (Drying techniques) in Mustang	19-23 Aug, 2013

ANNEX 4: REPORTS AND PUBLICATIONS

ITEM NUMBER	TITLE	ENDORSED BY
Health Service Promotion		
1	CB-IMCI basic and refresher training package	CHD
2	PHC/ORC service strengthening orientation package	FHD
3	Partnership Defined Quality (PDQ) with involvement of Health Facility Operation and Management Committee (HFMOCC) training package	NHTC
4	Maternal newborn child health and nutrition quality improvement tool	FHD and CHD
5	Strengthening healthy timing and spacing of pregnancy and nutrition through counseling orientation package	FHD
Agriculture		
6	<i>Mahila tatha Balbalika ko Poshan Sudhar ka lagi gharyashi Khadyana utapadan Karya</i> – Training guide for agriculture /livestock extension workers	MOAD
7	Crop Calendar (Altitude wise) – <i>Barshai Bhari Hariya ra pahela suntala rangka tarkari ubjau, apnu khau ra bacchalai pani khuwau</i>	MOAD
8	Poultry flip chart – <i>Pariwarik Poshan ka lagi Unnat Kukhura palan-2069</i>	MOAD
9	Coop Game Cards – Homestead Food Production	MOAD
SBCC		
10	Brief on Bhanchhin Aama radio program design document	NHEICC
GESI		
11	Disadvantaged group mapping report in Sindhupalchowk	District Development Committee, Sindhupalchowk